

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		2		
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74				
25	/						75				
26		/					76				
27		/					77				
28	/						78				
29		/					79				
30		/					80				
31	/						81				
32		/					82				
33		/					83				
34	/						84				
35		/					85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40		2					90				
41		2					91				
42		2					92				
43		2					93				
44		2					94				
45		/					95				
46		/					96				
47		2					97				
48		2					98				
49		2					99				
50							100				
TOTAL IND.							TOTAL IND.	5			
TOTAL DEP.							TOTAL DEP.	54			
TOTAL CLAIMS							TOTAL CLAIMS	59			